**Module 2: Who Can Benefit From Options Counseling,**

**and How Can I Tell?**

**Slide 1**

Welcome to Module 2 of Virginia’s Options Counseling Statewide Standards Information Session. Module 2, which examines the standards relating to determining the need for Options Counseling, will take approximately 30 minutes to complete.

Prior to proceeding to Module 2, please make sure that you have completed Module 1, as it provides a lot of important background information which will not be repeated in Module 2. You can find Module 1 on the same web page as this Module.

As a reminder, completion of Modules 1, 2, 3 and 4 is a prerequisite to delivering Options Counseling. After you have completed Module 2, you will be asked to take and submit a post-quiz to certify that you completed the Module.

Please note that you have online access to materials that will be referenced. There are many interactive parts of the information session so that you can practice the skills that you will be reviewing. These include “quiet time” exercises that allow you to apply what you have learned, and there will also be role plays along the way.

**Slide 2**

Section 3.1 of the Standards addresses the “front end” of the Options Counseling process:

* Who is eligible?
* What triggers Options Counseling?
* How is Options Counseling initiated?
* How is an individual’s need for Options Counseling determined?
* And what do you need to document?

We will have two brief role plays, and then an exercise to help you apply the content of Module 2.

**Slide 3**

Imagine that your agency gets a call from someone needing some type of assistance.

* How do you get enough information from the person to know what to do next?
* How do you decide whether the individual could benefit from Options Counseling?
* What should you document along the way?

This module will help answer these questions.

People call for help for different reasons. They might just need simple information about who to call for the answer to a specific question. They might be looking for a specific service or support. They might be having (or have had) something happen in their life that prompts the call for help. They may have an idea of what to do, or no idea at all. Their situation might be urgent, and it might not be.

In this session, we will review the things that can trigger a referral to Options Counseling as opposed to (or in addition to) some other type of response you might give to assist any given individual who contacts you. You will also learn how to use a series of three questions to determine whether that person needs Options Counseling. Finally, we will cover the things that are documented in the Individual Support Record when you refer someone to Options Counseling.

Remember that everything we are covering today comes from the statewide Standards that were developed and approved by the statewide Standards workgroup with representation from seven Centers for Independent Living (“CILs”**)** and Area Agencies on Aging (“AAAs”**)** local teams. The workgroup did an excellent job hashing through some challenging discussions and finding common ground that will serve as the foundation for making Options Counseling a core service of all Aging and Disability Resource Connections (“ADRC”) communities.

**Slide 4**

On the slides, we will often abbreviate the term “Options Counseling” as “OC.” When we cover a specific section of the Standards, the slide will appear with an orange title and a star at the bottom right hand corner.

This is the eligibility Standard:

* *Individuals age 18 and over with a disability*

*AND*

* *Adults age 60 and over….*

*Who request long-term supports and/or who are planning for the future regarding long-term supports.*

The Standards do not cover minors, nor do they cover caregivers.

Importantly, individuals are eligible for Options Counseling regardless of their ability to pay.

**Slide 5**

Under the Standards, no eligible person is excluded from Options Counseling.

Here we want to note that it is important for the general public and partner agencies to know what Options Counseling is and that it is available. The Standards contain many ways to make sure people can learn about Options Counseling, and they encourage agencies to let the public know about Options Counseling through their information, education and marketing efforts. Some examples of how your agency can help people find out more about Options Counseling include:

* Making public education and awareness materials available – using the library system, websites, web portals, Virginia Easy Access, and existing aging and disability networks,
* Educating all partners and using agreed-upon protocols,
* Providing multiple, easily accessible ways to obtain information about Options Counseling, including phone, internet, and physical sites that ensure that barriers are eliminated,
* Providing training to staff members, and
* Ensuring that all partner agencies provide information about Options Counseling through their Information and Referral programs.

**Slide 6**

There are many things that can trigger a referral for Options Counseling. Basically, Options Counseling should be offered when an individual has an immediate or anticipated need for long term supports and services. For example, Options Counseling might be provided to an individual who wants to remain at home but needs supports to do so, after someone has been admitted to a long-term facility following a hospital stay, or when an individual needs help to continue living in the community.

Specifically under the Standards, the following situations can trigger Options Counseling:

1. A life altering personal event or situation,
2. A significant change in the individual’s circumstances,
3. Concerns expressed by the individual or the individual’s family member or surrogate decision-maker,
4. A life transition,
5. A referral or self-referral to Options Counseling, or
6. Availability of new benefits and supports.

These elements may not always trigger Options Counseling, and individual circumstances and choice may determine whether Options Counseling is needed or wanted. In a few minutes, you will have a chance to brainstorm some examples of these elements.

**Slide 7**

The Standards say that Options Counseling is initiated by either:

* The request of an eligible individual or the individual’s surrogate decision-maker, or
* The consent of an eligible individual who is offered Options Counseling or the consent of the individual’s surrogate decision-maker.

Direct referrals, screenings for eligibility supports for assessments and electronic referrals shared across organizations using Communication, Referral, Information and Assistance, or “CRIA” (**pronounced “CREE-AH**”) could result in a person requesting or consenting to Options Counseling.

**Slide 8**

During an individual’s initial contact with the agency, the situational element (or elements) that trigger Options Counseling are identified. Responses to the following three questions can indicate whether OC is needed or whether another support is needed. The questions are:

1. Number one: Do you understand the information I have given you? (if “no,” refer to Options Counseling; if “yes,” ask the next question)
2. Number two: Do you need additional information? (if “yes,” refer to Options Counseling; if “no,” ask the next question)
3. Number three: Do you know what your next steps are? (if “no,” refer to Options Counseling; if “yes,” do not refer to Options Counseling).

A few tips may help in using the questions for determining whether to refer someone to Options Counseling:

* Often you do not have to ask each of these questions directly, because the individual responds to them before being asked. For example: “I don’t understand this;” or “I can call and get that information myself– that is all I need today.”
* The questions are a filter that help guide the person who initially interacts with the individual to know whether additional help is needed or wanted.

**Slide 9**

In the online materials there is a flow chart that can be used to determine the need. In a minute, you will have a chance to practice using this.

Throughout the Module 2, 3 and 4 information sessions, we will follow two people who call about issues that could involve OC. First, let’s meet Joe,a 22-year old individual with a disability who calls to ask about Options Counseling. He wants to move out of his mother’s home and needs some personal assistance supports in order to do so.

**Receptionist:** Hello, this is Apple Valley CIL **(pronounced “SILL**”), and this Gary. How may I help you?

**Joe:** I would like to move – I live with my Mom now.

**Receptionist:** Could you tell me a little more about why you would like to move?

**Joe:** I want to be on my own and I don’t need my Mom to take care of me… well. I need someone to help me, but I want to move.

**Receptionist:** What are some of the types of things that she helps you with?

**Joe:** She helps me get in and out of my wheelchair, she helps me with meals--she does a lot, but I want to move and get my own job.

**Receptionist:** Joe, do you think it would help you if you got some additional information and help in thinking about this? Maybe some help with what might work out and what might need more solutions?

**Joe:** Yes, that would be great. A friend of mine told me that you would help.

**Receptionist:** Great, so can you come this Wednesday at 2:00?

**Joe:** Yes, I will arrange that. Thank you.

**Receptionist:** Joe, may I have your name and number in case we need to reach you?

**Joe:** My name is Joe Green and my number is 804-346-0102.

**Receptionist:** Do you know where we are located?

**Joe:** Yes, I already looked up the address and my friend told me also.

**Receptionist:** We will see you Wednesday at 2:00. Bye, Joe

**Joe:** Bye

That completes the role play. There are a couple of observations that we can make. First, the conversation identified the trigger. Also note that, in this role play, the three questions were not asked directly. For the first and second questions, the receptionist could tell that Joe understood the information that he was given and that he needed additional information in order to make a decision. Another receptionist might handle this in a different way and say something like, could I ask you a few more questions? And then proceed to provide additional information and clarify if the information was understood or whether additional information was needed and, depending on the response, then check to see if the caller clearly understood the next steps.

Here are a few tips that maybe helpful:

* Set a welcoming tone and convey openness; establish rapport.
* Ask open-ended questions such as “what type of assistance would help you?” or ask them to describe a typical day.
* Listen for cues that signal the person is at the point of decision-making, such as “maybe I…” “I don’t know…” “Someone told me I need…” “I can’t…”
* Ask directly if the individual would like additional support thinking through options and making choices.
* Allow the caller to tell his or her personal story.
* Listen for underlying strengths and potential difficulties.
* Ask what the individual would like to result from the contact to the ADRC.
* Determine/ask if the individual would like to continue the discussion face to face.
* And if these come up, please note them:

--Has a functional screen been done?

--Has psycho-social assessment been done and, if so, where is it?

--Have releases been completed?

--Has an individual support record already been created?

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The second person you will meet today is Sarah, an 89-year old whose daughter Nancy calls to ask about available services.

**Receptionist:** Hello, this is Mountain Lake AAA (**pronounced “Triple A”),** and this is Juanita. How may I help you?

**Nancy:** My mother needs to go into assisted living and I need help in finding out how to get her admitted.

**Receptionist:** Could you tell me a little more about the situation?

**Nancy:** She’s having trouble keeping up the house, she’s forgetful; she’s falling – I’m concerned about her safety.

**Receptionist:** It sounds like it might be helpful for your mother to talk with someone who can listen to her concerns, maybe go over some possibilities with her. We have staff members who are Options Counselors who can help you. May I have someone call your mother and talk with her?

**Nancy:** Yes, but I’ll try to answer the phone.

**Receptionist:** What is the best number for us to use to reach your mother?

**Nancy:** The house number is 804-456-0304.

**Receptionist:** Great, I’ll have an Options Counselor call her.

**Nancy:** Thank you, bye.

**Receptionist:** Bye.

This ends the role play. As in the previous role play, note that a trigger was identified. It was clear that Nancy needed additional information. But it was also clear that the information she needed was for her mother. Thus in order to determine if a referral to Options Counseling was appropriate, Juanita will need to talk directly with Nancy’s mother.

**Slide 11**

Now we will review the documentation for the staff member who determines the need for Options Counseling. We will be talking about the data that is collected under the Standards, but we will not be covering the means by which it will be collected: that is determined by each agency. A few of the agencies participating in the Options Counseling Program have developed their own way of documenting, and would be happy to share that with you. The agencies are:

* Jefferson Area Board for Aging/Independence Resource Center, Charlottesville;
* Bay Aging/Peninsula Center for Independent Living (also known as Insight Enterprises), Hampton and Northern Neck;
* Blue Ridge Independent Living Center/Local Office on Aging, Roanoke;
* Valley Associates for Independent Living/Valley Program for Aging Services, Staunton ;
* Mountain Empire Older Citizens, Inc./Junction Center for Independent Living, Southwest Virginia;
* Senior Connections/Resources for Independent Living, Inc., Richmond; and
* Endependence Center, Inc./Senior Services of Southeastern Virginia, Tidewater.

Some agencies are using CRIA **(*CREE-AH)***to collect the data that is required by the Options Counseling Standards, which contains a screen specifically designed for the collection of Options Counseling data according to the Standards. Aggregate reports for Options Counseling containing this data can be run as well. Information regarding the use of CRIA **(CREE-AH)** and/or the use of Options Counseling in CRIA **(CREE-AH)** is also available by contacting the Virginia Department for Aging and Rehabilitative Services (DARS).

Staff who determine the need for Options Counseling document the following information:

* The person making the original contact and his/her relationship to the individual who receives Options Counseling (self, family member, surrogate decision-maker, caregiver, health or human service provider, other);
* The situation that triggered Options Counseling; and
* The individual’s demographic profile.

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Also documented are:

* The individual’s preferred contact information,
* The individual’s or surrogate decision maker’s authorization to share information with an Options Counselor, and
* The date of referral to Options Counseling.

**Slide 13**

You will now have an opportunity to practice determining the need for Options Counseling. This is a two-part exercise. You will first be presented with three brief scenarios and determine whether the individual in each scenario would be referred for Options Counseling. Following this, you will be asked to brainstorm examples of the situations that can trigger Options Counseling. There are two handouts available online for this activity:

* Virginia Chart Initiating the Options Counseling Process, and
* Module 2 Small Group Activity.

Please minimize your screen and open these two handouts in new windows.

We will start with Part One, which allows you to apply the flow chart questions.

You are handling reception activities at your agency, including answering the telephone and greeting individuals who walk through the door. Today, you will talk with three people and determine whether they need and want Options Counseling. After a short introduction to each of the three individuals, there will be a series of questions. Please note that there will be a brief pause after each question to give you time to answer it.

Here is Scenario Number 1. Mary Anne, 51, calls and asks for information about how to get her 75-year-old mother into a nursing home. Her mother had broken her hip six weeks ago, and after a stay in the hospital and then rehab, her discharge planner has said she must return home within the next three days. Mary Anne was her mother’s primary caregiver before the hospitalization, and she is distraught because she believes her mother needs more assistance than she can now provide. Mary Anne strongly believes she needs to be in a nursing home instead.

* Is a situational element present? If so, which one? ***(Pause 10 seconds)***
* Who would be the individual engaging in Options Counseling if it is found to be needed and wanted? Mary Anne? Or Mary Anne’s mother? ***(Pause 10 seconds)***
* Who would be involved in Options Counseling if it is found to be needed and wanted? Mary Anne? Or Mary Anne’s mother? Both of them? ***(Pause 10 seconds)***
* How would this affect the approach you might take to determine the need for Options Counseling? ***(Pause 10 seconds)***

Assume that you ask Mary Anne if you can contact her mother, and she agrees. You find out that the mother is extremely opposed to going to a nursing home and insistent that she return home. Using the flow chart provided with your materials, please answer the following questions:

* What additional information would you provide the mother? ***(Pause 10 seconds)***
* If the mother seems confused about the information you give, what is the next step? ***(Pause 10 seconds)***

Now let’s look at Scenario Number 2. Tony, 35, walks into your agency and introduces himself as guardian of his younger (30-year-old) sister (he even brought the guardianship order to prove it), who is currently living with him. The sister has serious mental health challenges and is in and out of acute care psychiatric hospitals, usually precipitated by her refusal to take the medications she has been prescribed for her illness. Tony is at the end of his rope and cannot deal with the stress of being her caregiver any longer. He is desperate for help.

* Is a situational element present? If so, which one? ***(Pause 10 seconds)***
* Who would be the individual engaging in Options Counseling if it is found to be needed and wanted? Tony? Or Tony’s sister? ***(Pause 10 seconds)***
* Who would be involved in Options Counseling if it is found to be needed and wanted? Tony? Tony’s sister? Both of them? ***(Pause 10 seconds)***
* How would this affect the approach you might take to determine the need for Options Counseling? ***(Pause 10 seconds)***

Assume that Tony agrees for you to contact his sister directly. You call her with Tony on the other line, introduce yourself and begin determining whether the sister could benefit from Options Counseling. Using the flow chart provided with your materials (a separate link), please answer the following questions:

* You learn that she wants to get her own apartment, and you give some basic information to both Tony and his sister about where they might be able to go for both housing and supportive services. What is the question you should now ask them? ***(Pause 10 seconds)***

Assume that they both fully understand the information you gave them, and they say they don’t need any additional information. What is the next question you should ask them? ***(Pause 10 seconds)***

* How could this situation ultimately lead to a referral for Options Counseling? ***(Pause 10 seconds)***

 Scenario Number 3. Louise, 82, calls your agency at the suggestion of a friend. She explains that she lives alone and has no family living in Virginia. She has no long-term care insurance and is very worried about her future. She wants to know how to get insurance.

* Is a situational element present? If so, which one? ***(Pause 10 seconds)***
* What questions, if any, would you ask to learn more about her situation? ***(Pause 10 seconds)***

Now assume you find out that she is physically active, drives herself wherever she needs to go, volunteers at the local hospital twice a week and is active in church. Using the flowchart, how would you determine if she needs and wants options counseling? Consider the following:

* What information would you give her?
* How would you determine if she understands the information?
* If she understands, how would you determine whether she knows the next steps she should take? ***(Pause 20 seconds)***

Now let’s go to Part Two of the Exercise, where you will have a chance to identify examples of the triggers for Options Counseling identified in the Standards. Now that you have practiced using the flowchart in several different situations, please refer below to the situational elements that can trigger Options Counseling. Brainstorm several examples of each of these elements. We will pause a few seconds between the situational elements to give some time to think of examples.:

* A life altering personal event or situation ***(Pause 10 seconds)***. Perhaps you thought of the following examples: significant changes in an individual’s capacity to maintain physical, mental, social, or financial health; a change in level of support needed; progression of a disability that results in need for more intensive support; or elder abuse.
* A significant change in the individual’s circumstances ***(Pause 10 seconds).*** You probably thought of some of the following examples: changes in supports, assistance, living arrangements, caregiver status, financial capacity to maintain current environment; intensification of a long-term support need for support, such as a family caregiver who is unable to provide care alone for a family member; existing caregiver arrangements are not working or are not enough; death of a caregiver.
* Concerns expressed by the individual or the individual’s family member or surrogate decision-maker ***(Pause 10 seconds).*** Examples here include: recognition by the individual that a long-term solution is needed; a self-expressed uncertainty regarding available community options based on needs; a recognition by the individual or others that all options for community living have not been explored; assistance is needed in determining what is available to address his/her unique situation; or a request for assistance to further explore long term support options.
* A life transition ***( Pause 10 seconds).*** How about a student leaving high school and needing options? A request for admission to a nursing facility? Moving between home and hospital, or another location?
* A referral or self-referral to Options Counseling ***(Pause 10 seconds).*** Did you think of these examples? A referral from 211-Virginia, especially when someone from out of state is calling about someone in Virginia; a referral for Money Follows the Person; and a request for community living as a result of Section Q*.*
* Availability of new benefits and supports ***(Pause 10 seconds).*** Here are some examples: A program adds a new feature; a new service or support becomes available in the area; or benefit packages change.

**Slide 14**

This completes Module 2. Please complete and submit the Module 2 post-quiz before proceeding to Module 3.